Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMAL TYPE	L ENTITY	ÖR	OTHER SMALL E		
FC	PR	NUMBE	R FILED	NUMBER 6	EXTRA	RATE	FEE] [RATE	FEE
BASIC FEE						345.00	OR		690.00	
TOTAL CLAIMS 3 (minus			minus 20)= * ((X\$ 9=		OR	X\$18=	(98
INDEPENDENT CLAIMS 6 minus 3 = * 3					X39=		OR	Х́78=	234	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=	=	OR	+260=	7
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	_	OR	TOTAL	1122
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THA SMALL ENTITY OR SMALL ENTI				
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· 3/	Minus	31	= /	X\$ 9=	:	OR	X\$18=	
AMEI	Independent	. 6	Minus	*** 6	= /	X39=	:	OR	X78=	
\vdash	FIRST PRESE	NTATION OF MU	JLTIPLE DEPE	ENDENT CLAIM		+130=	=	OR	+260=	
						TOT ADDIT. F		OR	TOTAL ADDIT. FEE	
<u>.</u>	e Government	(Column 1)		(Column 2)	(Column 3)	A0011.1				•
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 21	Minus	<u>. 31</u>	= /	X\$ 9:	= }	OR	X\$18=	
	Independent	. 4	Minus	*** 62	= /	X39=	=	OR	X78=	
H	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIN		+130:	=	OR	+260=	
						TOT ADDIT. F	TAL EE	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 20	Minus	3/	= /	X\$ 9:		OR	X\$18=	
AME	Independent	. 4	Minus	*** (6	= /	X39=	=	OR	X78=	
F	FIRST PRESE	NTATION OF M	ULTIPLE DÉP	ENDENT CLAIN	Λ	+130	_	OR		
	If the entry in colu	mn 1 is less than t mber Previously P	he entry in colum	nn 2, write "0" in c S SPACE is less th	olumn 3. an 20. enter "20.'	TOI	TAL	OR	TOTAL ADDIT. FEE	
	*If the "Highest Nu	mber Previously P	aid For" IN THIS	S SPACE is less th	an 3, enter "3."	AUUII. F	<u>-</u>	_	AUUII. FEI	.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra X	Fee	Fee	= Total
	Sm./Lg.			Sm. Entity	Lg. Entity	y .
Basic Filing Fee	201/101	1		345	690	= 690
Total Claims >20	203/103	31 -20	- <u> </u>	9	18	= 198
Independent Claims >3	202/102	6 -3 =	<u>3</u> x	39	78	= 234
Mult. Dep Claim Present	204/104			130	260	<u> </u>
Surcharge	2 05/105			<u>65</u>	130	<u> 130</u>
English Translation	139					
TOTAL FEE CALCULA	ATION					1252

Fees due upon filing the application:

Total Filing Fees Due = \$ 12 5 2

Less Filing Fees Submitted - \$

BALANCE DUE

= \$ _____

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)